

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



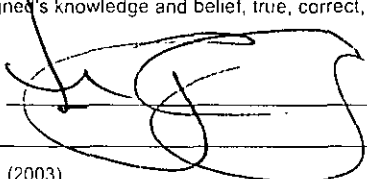
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11665	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Laughton W. Chong P.O. Box, Bldg., Room No., if any P.O. Box 17250 Street City Honolulu State Hawaii ZIP Code + 4 96817	4. Name, file number, and address of labor organization. Name United Union of Roofers, Waterproofers & Allied Workers, Local 221 Labor Organization File Number 012210 P.O. Box, Building and Room Number, if any P.O. Box 17250 Street City Honolulu State Hawaii ZIP Code + 4 96817
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 5.8.06 Date	808.247.5757 Telephone Number

Name of Person Filing <u>Jaughn W. Chong</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Benefit Plan Consultants</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1221 Kapiolani Blvd. # 710</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96814</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Refers Local 221 Health & Welfare Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1199 Dillingham Blvd. #200</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96817</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Health & Welfare Fund discussion.</u></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>Lunch</u></p> <p>12.b. Amount.</p> <p><u>\$26.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



BENEFIT PLAN CONSULTANTS (HAWAII), INC.

Consultants — Actuaries

May 5, 2006

Mr. Vaughn Chong
Roofers Union Local 221
P.O. Box 17250
Honolulu, Hawaii 96817-0250

RE: FORM LM-30

Dear Vaughn:

As I mentioned to you over the phone, Benefit Plan Consultants (Hawaii), Inc. will be reporting the following expenditure on its 2005 Form LM-10:

March 30, 2005	Lunch w/ Vaughn Chong regarding Roofers Union Local 221 Health & Welfare Fund	\$26.06
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As we discussed, Benefit Plan Consultants (Hawaii), Inc. has not customarily held separate lunch meetings with Employer Trustees of the Roofers Union Local 221 Health & Welfare Fund to discuss matters related to the Fund. As such, your lunch meeting with Paul Tom of our office does not meet all of the requirements to be considered "di minimis" under the Department of Labor publications.

If you have any questions about this matter, please let me know.

Sincerely,

Charles K. Furuike
Secretary/Treasurer

CKF:cf